

# Arizona State Board of Funeral Directors and Embalmers

1400 West Washington, Suite 230, Phoenix, Arizona 85007

Office (602)542-3095 – Fax (602)542-3093

## REPORT FOR ARRANGING AND DIRECTING FUNERALS

This report must be completed and filed with the Board for each place of employment

Name of Embalmer: \_\_\_\_\_ License# \_\_\_\_\_

Name of Funeral Establishment: \_\_\_\_\_

Supervising Funeral  
Director \_\_\_\_\_ License# \_\_\_\_\_

Covering employment from \_\_\_\_\_ to \_\_\_\_\_

**Embalmer's Certification:** I, the undersigned, certify that the information contained in this report is true and correct. I further understand that my failure to submit this report in its entirety as is required by law pursuant to A.R.S. 32-1322 (C) (4) which states, "Having held an active license as an embalmer for at least one year and have assisted in the arranging and directing of at least twenty-five funerals.", will jeopardize my ability to become a licensed Funeral Director.

**X**

\_\_\_\_\_  
Embalmer's Signature  
Please sign & date

## REPORT OF FUNERAL SERVICES

	Date of Service	Name of Deceased	Type of Service Held	Funeral Director's Signature	License #
1					
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